111 OF STATE OF FLORIDA 1492 W 409 EAST GAINES STREET FLAGLEI. ST SUITE 200 TALLAHASSEE. FL 32399 MIAMI FL 33135-FAX: (904) 922-4000 CONTACT: RAY STORMONT HONE: (305) 541-3694 FAX: (305) 541-3770 PHONE: (((H95000007171))) DOCUMENT TYPE: NAME: GO-NATURAL HEALTH PRODUCTS. INC. FLORIDA PROFIT CORPORATION OR P.A. FAX AUDIT NUMBER: H95000007171 DATE REQUESTED: 08/27/1995 CURRENT STATUS: REQUESTED CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 5 ESTIMATED CHARGE: \$122.50 METHOD OF DELIVERY: FAX Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000007171)))
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ARTICLES OF INCORPORATION

GO-MATURAL HEALTH PRODUCTS, INC.

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ARTICLE I - MANE

The name of this corporation is GO-NATURAL HEALTH PRODUCTS, INC.

APTICLE II - DIRATION

The period of its duration shall be perpetual.

ARTICLE III - PURPOSE

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 3000 shares, all of one class, at \$1.00 per share value.

ARTICLE V - INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent and office of this corporation is as follows:

Stuart J. Edelman, Esquire 328 Minorca Avenue Second Floor Coral Gables, Florida 33134

The corporate address is:
328 Minorca Avenue
Second Floor
Coral Gables, Florida 33134

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have at least one director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.

Stuart J. Edelman, Esquire 328 Minorca Avenue Second Floor Coral Gables, Florida 33134 (305) 443-0890 Florida Bar No.: 0104023

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ARTICLE VII - INCORPORATOR

TO

The name and address of the Incorporator signing these Articles of Incorporation is:

> Stuart J. Edelman, Esquire 328 Minorca Avenue Second Floor Coral Gables, Florida 33134

ARTICLE VIII - AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this _____ day of ______, 1995.

> Stuart J Edelman

H95000007171

STATE OF FLORIDA) SS.: COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Stuart J. Edelman, to me known to be the person who executed the foregoing Articles of Incorporation, and he acknowledged to and before me that he executed such instrument.

The foregoing instrument was acknowledged before me this 27th day of June 1995, by STUART JERELMAN, who personally appeared before me at the time of notarization, and who is personally known to me or who has produced personally known as identification and who did not take an oath.

NOTARY FUBLIC, STATE OF FLOREDA AT LARGE

JOSEFINA UAZQUEZ Print Name

My Commission Expires:

OFFICIAL NOTARY SEAL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. OCCUPAN
MY COMMISSION EXP. NOV. 1.19%

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DONICILE FOR SERVICE OF PROCESS WITHIN FLORIDA, MANING AGENT UPON WHOM PROCESS MAY BE SERVED

GO-NATURAL HEALTH PRODUCTS, INC.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, FOLLOWING IS SUBMITTED:

THAT GO-WATURAL MEALTH PRODUCTS, INC. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT MIAMI, FLORIDA, HERBBY NAMES STUART J. EDELMAN, ESQUIRE, LOCATED AT 328 MINORCA AVENUE, SECOND FLOOR. CORAL GABLES, FLORIDA 33134, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATE: 6/27/ 9)

STUDEN J. Edelmon REGISTREED AGENT Edelman,

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